

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

MHN

PLAINTIFF <b>Adonay Lara</b>	COURT CASE NUMBER <b>07C6423</b>
DEFENDANT <b>Allied Interstate, INC., Et Al.</b>	TYPE OF PROCESS <b>S/C</b>
<b>SERVE</b> → NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>AT</b> <b>Allied Interstate, Inc. (CT Corporation System)</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>208 South LaSalle Street, Suite 814, Chicago, IL 60604</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Adonay Lara  
211 S. Clark Street  
P.O. Box 1621  
Chicago, IL 60690

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

**FILED**1-2-2008  
JAN 02 2008MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

12-17-07

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk <b>TD</b>	Date <b>12-17-07</b>
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I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Dawn Schultz Senior Process Specialist**

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service  
**12-20-07** Time  
**400** amSignature of U.S. Marshal or Deputy  
**Scott A. Islet**

Service Fee <b>48.00</b>	Total Mileage Charges (including endeavors) <b>48</b>	Forwarding Fee <b>0</b>	Total Charges <b>48.48</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>48.48</b>	Amount of Refund <b>0</b>
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REMARKS:

**1 DUSM / 1 Hour / 1 Mile (RT)**